

# LOBBYING REGISTRATION FORM

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**PART A. LOBBYIST INFORMATION**

**Section 1. Lobbyist Identification**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

.....  
**Section 2. Others who will lobby on behalf of the lobbyist identified above:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

.....  
**Section 3. Identification of Employer (if lobbyist is authorized to act on behalf of another):**

a. First Name: \_\_\_\_\_ b. Last Name: \_\_\_\_\_

c. Business Address: \_\_\_\_\_

\_\_\_\_\_

d. Nature of Business: \_\_\_\_\_

.....  
**PART B**

**LOBBYIST SIGNATURE** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PART C. AUTHORIZATION TO ACT** (to be completed by Employer)

*I hereby certify that the information contained herein is correct and that*

**Section 1.**

Name of Lobbyist: \_\_\_\_\_

Address of Lobbyist: \_\_\_\_\_

*is hereby authorized to act on behalf of* \_\_\_\_\_  
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**Section 2.**

First Name of Employer: \_\_\_\_\_

Last Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
• • • • •

**Section 3.**

For the period \_\_\_\_\_, 20 \_\_\_\_\_ thru \_\_\_\_\_, 20 \_\_\_\_\_ as to the following matters:

**Section 4.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**This authorization is given with the understanding that this authority may be terminated at a sooner time.**

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**Section 5.** Employer's Signature: \_\_\_\_\_